

FIG. 1

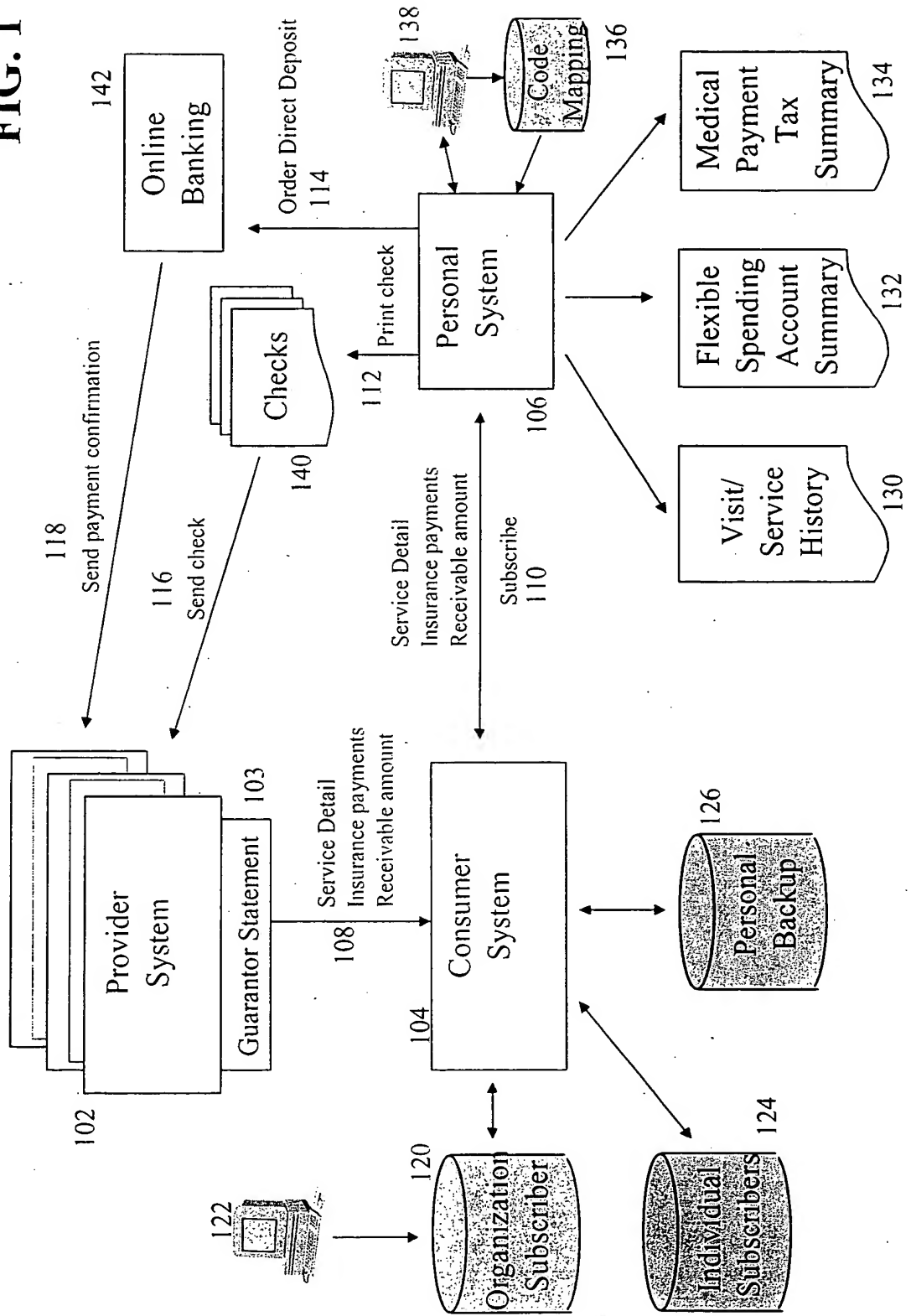
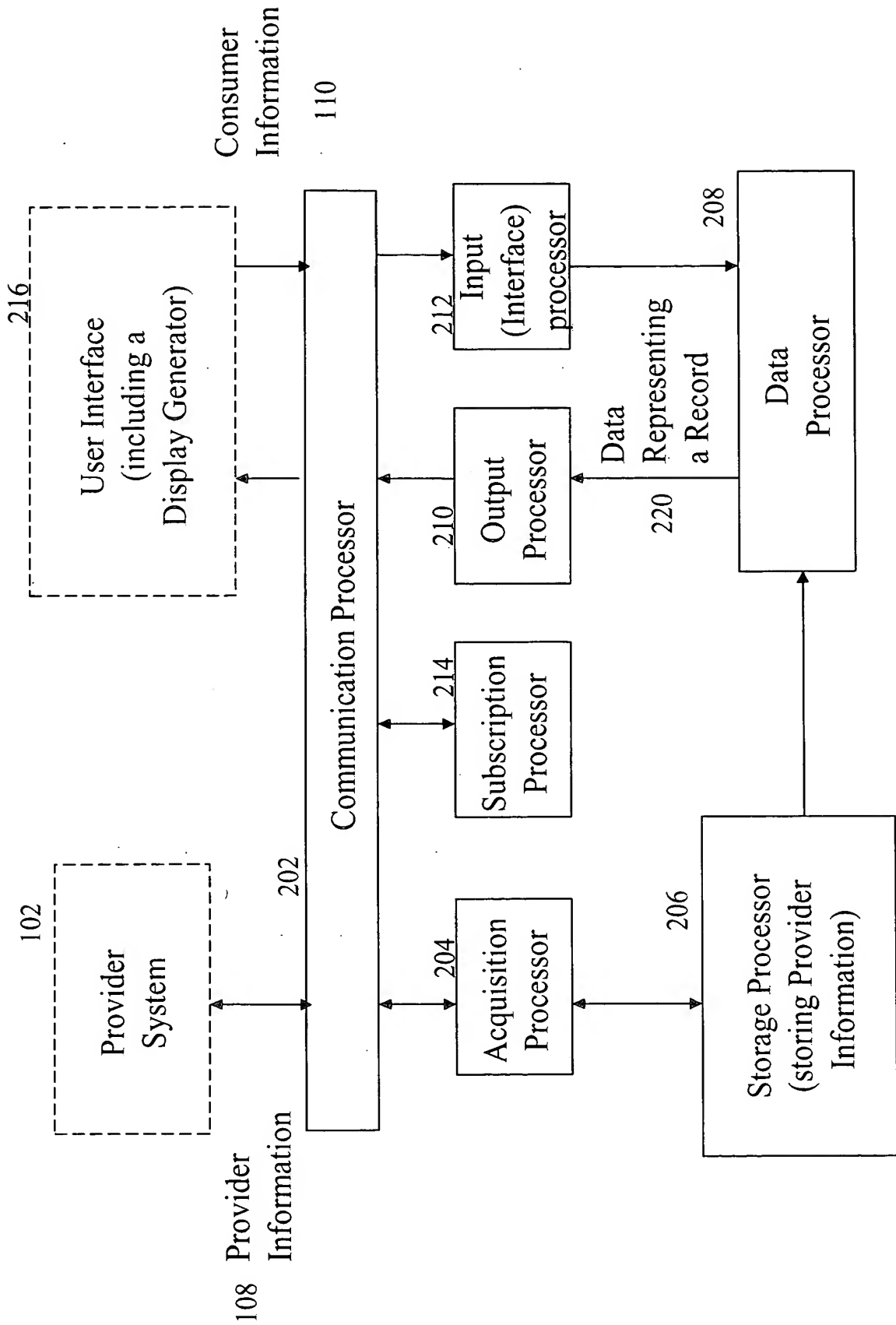


FIG. 2



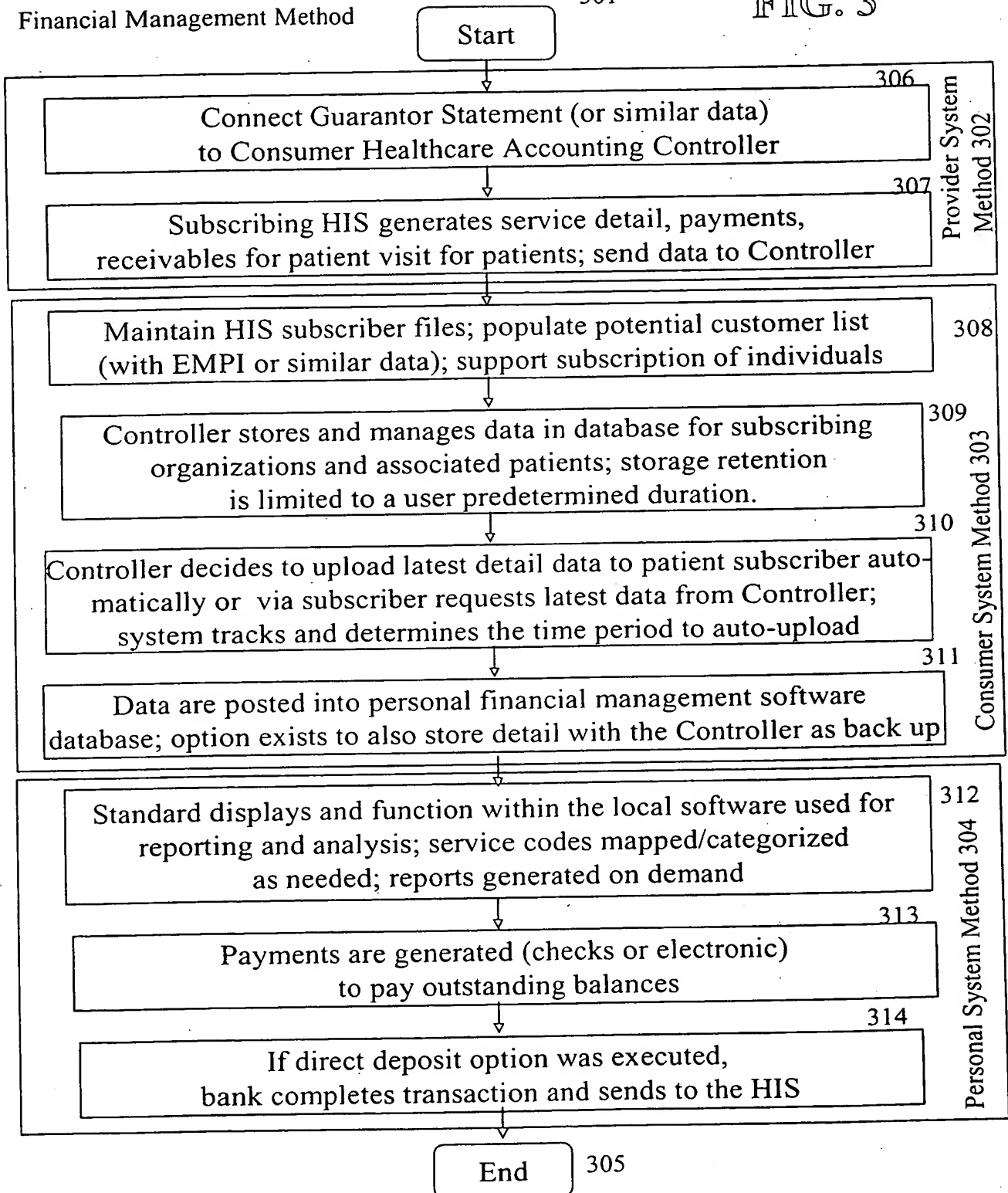
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Personal and Healthcare Data
Financial Management Method

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FIG. 3



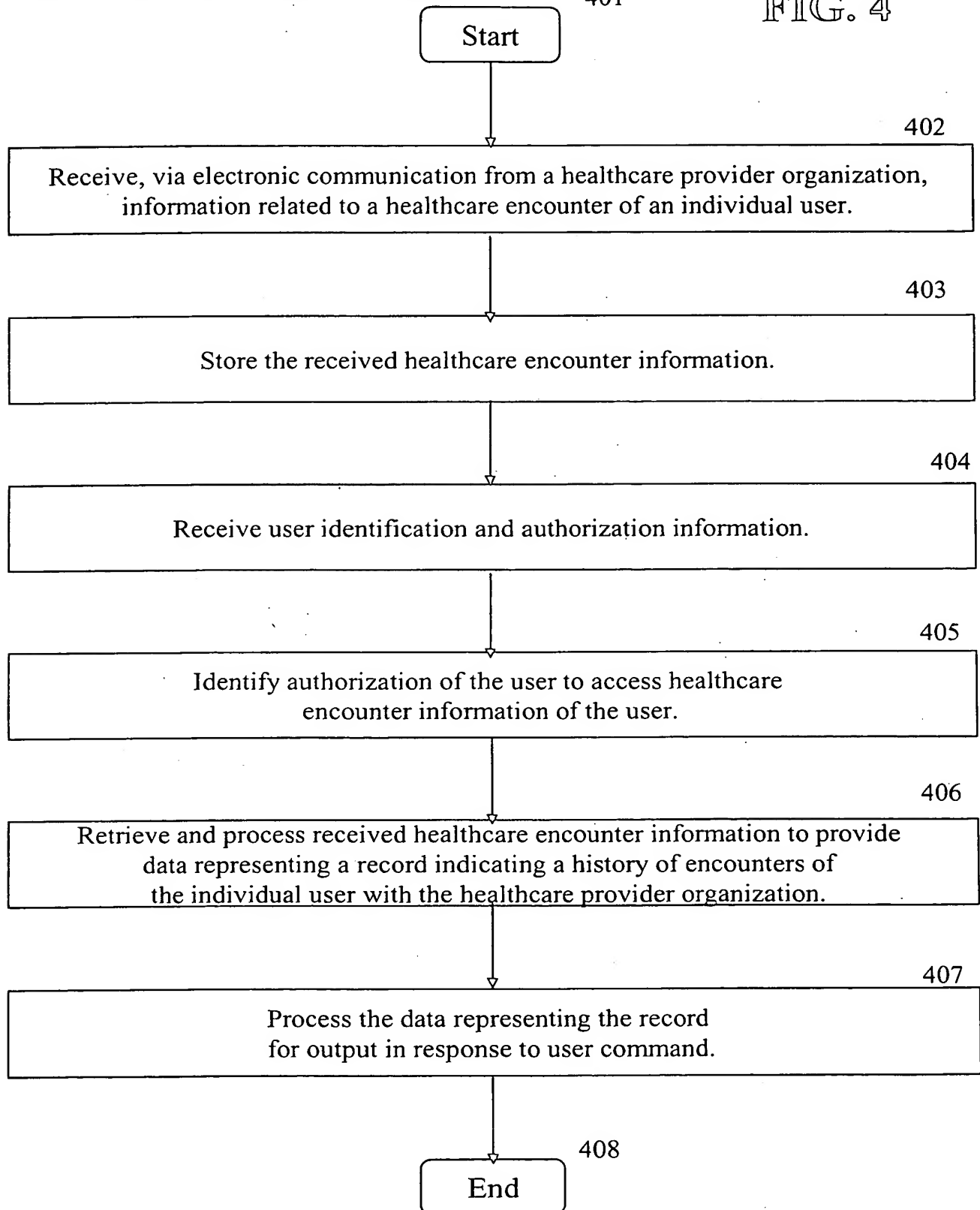
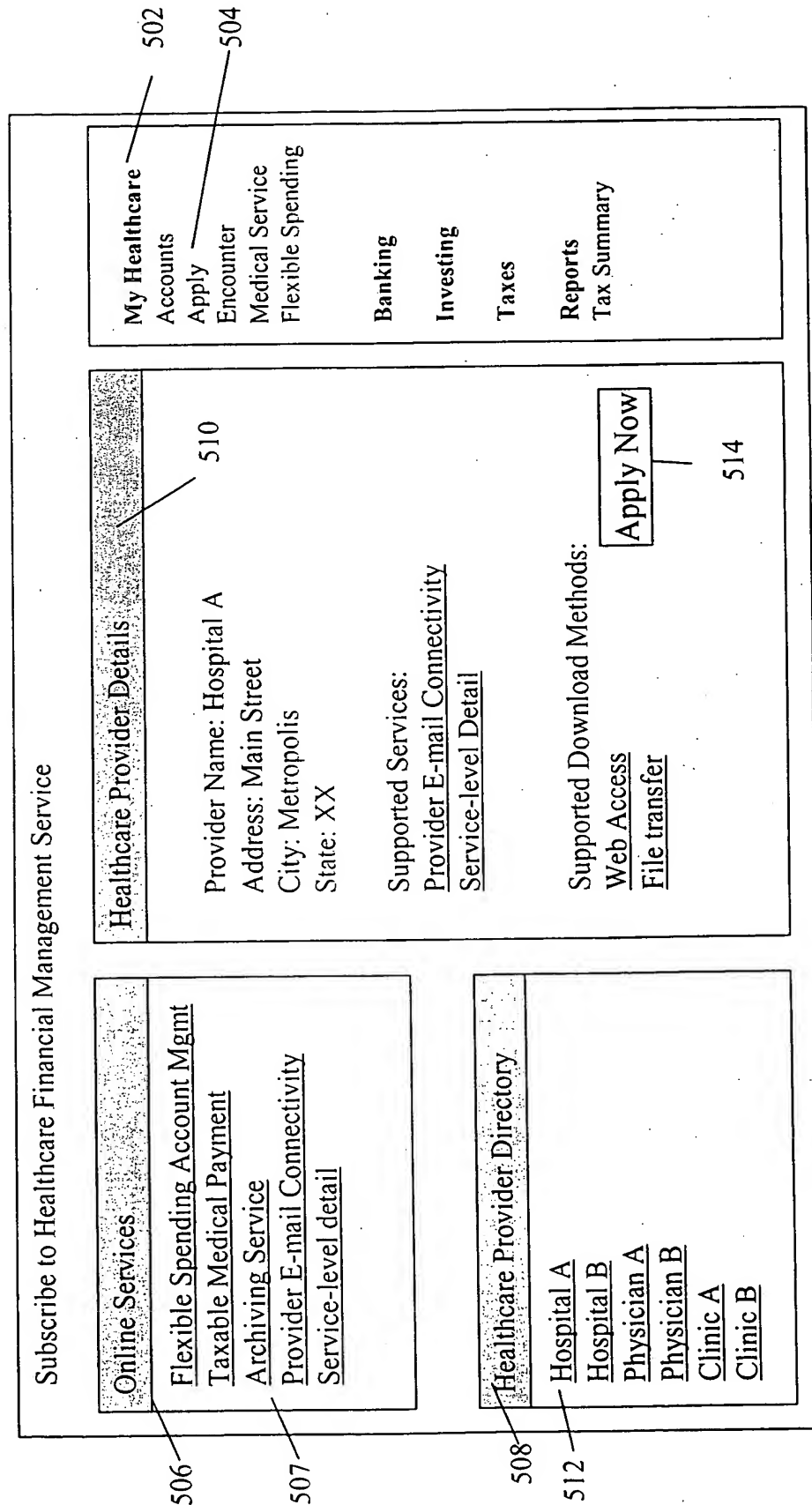


FIG. 5



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Encounter Financial Detail Window

FIG. 6

Healthcare Financial Management Service							
Encounter Financial Detail							
Date	Provider	Visit Type	Insurance Company	Total Bill	Estimated Reimburse	Insurance Payment	Patient Amount
Patient: Jane							
07/10/03	Hospital A	Outpatient	Payer X	\$ 1,000	\$ 1,000	\$ 900	\$ 100
06/28/03	Hospital A	Inpatient	Payer X	\$ 10,000	\$ 9,000	\$ 4,000	\$ 2,000
03/12/03	Physician W	Dental	Payer Y	\$ 320	\$ 250	\$ 250	\$ 70
02/23/03	Clinic B	Vision		\$ 400	\$ 200	\$ 0	\$ 200
Total				\$ 11,720	\$ 10,450	\$ 10,150	\$ 2,570
Patient: John							
02/23/03	Clinic D	Routine	Payer X	\$ 600	\$ 200	\$ 0	\$ 400
Total				\$ 600	\$ 200	\$ 0	\$ 400

My Healthcare
Accounts
Apply
Encounter
Medical Service
Flexible Spending
Banking
Investing
Taxes
Reports
Tax Summary

My Healthcare

Accounts

Apply

Encounter

Medical Service

Flexible Spending

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Investing

Taxes

Reports

Tax Summary

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FIG. 7

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Medical Service Detail Window

Healthcare Financial Management Service

Service Date	Service Type	Service Code	Service Description	Service Amount
Patient: Jane				
Encounter: 06/28/03 Hospital A				
06/28/03	Emergency Room	10103	Supplies	\$ 50
06/28/03	Emergency Room	24537	Physician	\$ 900
06/28/03	Emergency Room	28438	X-ray	\$ 500
06/28/03	Emergency Room	64531	Medications	\$ 100
Encounter: 03/12/03 Dentist W				
03/12/03	Prophylaxis	38446	Cleaning	\$ 100
03/12/03	Prophylaxis	83636	X-ray	\$ 100

My Healthcare

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Flexible Spending

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Tax Summary

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Flexible Spending Account Window

FIG. 8

Healthcare Financial Management Service

Flexible Spending Account Detail Activity

Service Date	Expense Type	Patient	Eligible Expenses	Amount Reimbursed
11/22/03	Vision Care	Jane	400.00	400.00
07/09/03	Drugs	Jane	250.00	200.00
01/05/03	Dental	John	120.00	120.00

Flexible Spending Account Summary

Effective Date	Goal Amount	Current Payments	Year-To-Date Payments	Year-To-Date Contributions	Available Balance
2004	1000.00	0.00	0.00	166.00	1000.00
2003	1000.00	1000.00	1000.00	1000.00	0.00

My Healthcare

Accounts

Apply

Encounter

Medical Service

Flexible Spending

Banking

Investing

Taxes

Reports

Tax Summary

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Healthcare Encounter Tax Summary Window

FIG. 9

Healthcare Financial Management Service							502	
Healthcare Encounter Tax Summary							902	
Date	Provider	Visit Type	Insurance Company	Total Bill	Insurance Amount	Patient Amount	My Healthcare	
Patient: Jane							Accounts	
07/10/03	Hospital A	Outpatient	Payer X	\$ 1,000	\$ 900	\$ 100	Apply	
06/28/03	Hospital A	Inpatient	Payer X	\$10,000	\$ 8,000	\$ 2,000	Encounter	
03/12/03	Physician W	Dental	Payer Y	\$ 320	\$ 250	\$ 70	Medical Service	
02/23/03	Clinic B	Vision		\$ 400	\$ 0	\$ 400	Flexible Spending	
Total				\$11,720	\$10,150	\$ 2,570	Banking	
Patient: John							Investing	
02/23/03	Clinic D	Routine		\$ 600	\$ 200	\$ 400	Taxes	
Total				\$ 600	\$ 200	\$ 400	Reports	
							Healthcare Tax Summary	

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FIG. 10

1000
Paper Bill

1002



Siemens Health System

P.O. Box 999
Malvern PA 19335

1004

Attending Physician: Claus Soarian, MD
Principal Diagnosis: 813.35
Provider: Siemen's Hospital
Provider Tax ID: 99-2176963

1006

Pt Name: PATIENTI, MARGARET
Statement Number: 123456789
Account Number: 9947738
Bill Date: 01/01/2001
Birthdate: 01/15/61

1008

Summary for: IP Inpatient Hospital 10/25/00 - 10/30/00

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Description	Amount (\$)
CHARGES	
Room Charge - Double (1 day at \$538.00)	538.00
Room Charge - Private (4 days at \$602.00)	1,204.00
Total Room/Bed Charges:	1,742.00
Medical Units	100.00
Operating Room	90.00
Anesthesia	80.00
Central Sterile	70.00
ICU/CCU	60.00
Emergency Room	50.00
Laboratory-Clinic	40.00
Cardiology-EKG	30.00
Total Ancillary Charges:	520.00
PAYMENTS/ADJUSTMENTS	
Total Medicare Payments	200.00-
Total Medicare Adjustments	100.00-
Balance:	\$1,962.00

1012

THIS IS NOT A BILL. For your reference, the above transactions are itemized. We have billed your insurance company (s) listed below. If your insurance coverage does not pay for these charges, you will be responsible for any remaining balance.

Thank you for choosing LHS for your health care needs. Please call us at (570) 724-1750 or 1(800) 877-2455 if you have any questions.

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SOARIAN HOSPITAL
P.O. BOX 999
MALVERN PA 19335

1016

00000001 1 SP 0.330 01

MARGARET PATIENTI
APT. #5
1935 MOTOR STREET
DALLAS TX 75235

Financial Coverages

Our records indicate the following insurance plans. Please call us as soon as possible with any changes or additions at (570) 222-1750 or 1(800) 222-2455.

Priority	Plan Name	Policy number	Subscriber
1	Medicare	ZZ12345678	Thomas Patienti

Guarantor: Margaret Patienti

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